

Tobacco and Nicotine

Public health, neurobiology and optimizing treatment for all

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Disclosure Information

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April 6th, 2024

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☀ No disclosures



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Charles Reznikoff

☀ No disclosures



Session learning objectives

- ✱ Understand addiction medicine public health principles exemplified by tobacco use
- ✱ Improve clinical approach to tobacco cessation
- ✱ Small groups, advanced case discussion
 - ✱ Adolescence, pregnancy, SUD, psychiatric
- ✱ Menthol cigarettes in the Black community
- ✱ Traditional tobacco use in Native communities

Tobacco and nicotine: public health aspects

Ese B. Aghenta, MD, MPH, FAAFP, FASAM

Tobacco health effects

- ☀ Cigarette Smoking remains the leading cause of preventable disease, disability and death in the US
- ☀ Tobacco use shortens life 7-10 years

Centers for Disease Control and Prevention. (2021, September 30). Health topics-tobacco-Polaris.
www.cdc.gov/policy/polaris/healthtopics/tobacco/index.html





Health Consequences

- ✦ Cancer
- ✦ Cardiovascular and Pulmonary disease
- ✦ Obstetrical outcomes
- ✦ Infertility & Erectile dysfunction
- ✦ Poor surgical outcomes
- ✦ Poorer mental health
- ✦ SIDS
- ✦ Dermatologic effects
- ✦ Dental disease
- ✦ Osteoporosis and fractures
- ✦ Gastric and Duodenal Ulcer disease
- ✦ Cataracts and Macular Degeneration

Epidemiology of Cigarette Smoking

- ☀ In 2021, in the US, 11.5 % of adults reported currently smoking cigarettes.
- ☀ 9 out 10 adults who smoke cigarettes daily start smoking by age 18.

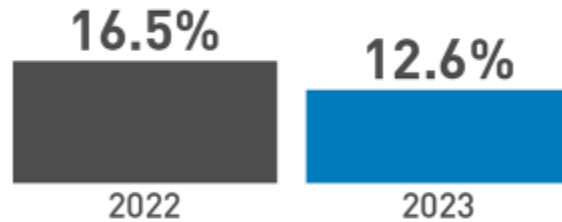
Centers for Disease Control and Prevention. (2021, September 30). Health topics-tobacco-Polaris.
<https://ghdx.healthdata.org/gbd-2019>

Youth and Tobacco Use

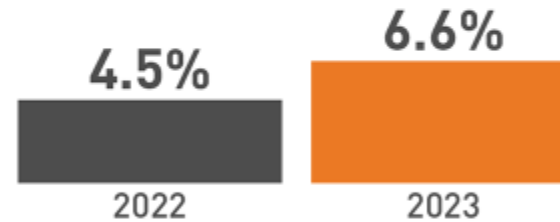
NYTS
2023

About **2.8 million**
youth currently use any tobacco product

Any tobacco use **decreased** among
high school students



Any tobacco use **increased** among
middle school students



Driven by a **drop**
in high school e-cigarette use



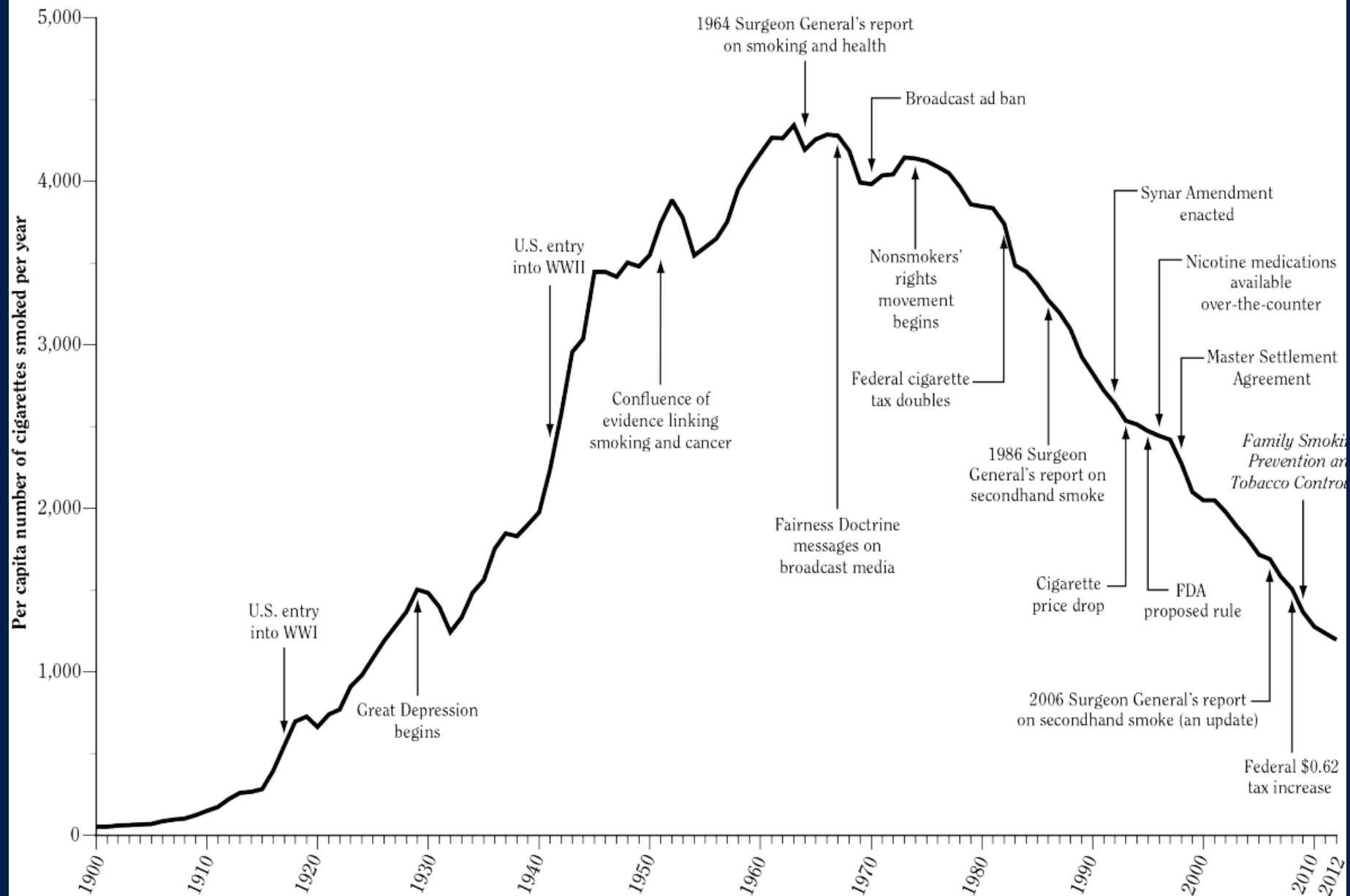
Why do persons start tobacco (or any substance)?

- ✶ It's available
- ✶ It's acceptable
- ✶ It's perceived as safe

Targeted Public health interventions

- ☀️ Reduce availability of tobacco products
- ☀️ Reduce social acceptability and ease of tobacco use
- ☀️ Improve understanding of health consequences of tobacco
- ☀️ Increase access to assistance with tobacco cessation

Figure 2.1 Adult* per capita cigarette consumption and major smoking and health events, United States, 1900–2012



What is the most important public health intervention to lower tobacco use in America?

Decreasing Availability

- ☀ Increasing **price** has been the most effective way to make tobacco less available.
- ☀ WHO 2021: Single most effective and cost-effective measure to reduce tobacco use and save lives.

World Health Organization. (2021). *WHO report on the global tobacco epidemic, 2021: addressing new and emerging products*. World Health Organization.
www.who.int/publications/i/item/9789240032095

How tobacco **price** affects use

- ☀ Reduces initiation, prevalence, and intensity of smoking.
- ☀ Increases quit attempts and success.
- ☀ 10% increase in cigarette price is associated with a 3–5% decrease in cigarette consumption.
- ☀ Sales taxes disproportionately affect low socioeconomic groups.
 - ☀ Fair or Not?

Decrease Social Acceptance

- ☀ Comprehensive smoke-free policies.
- ☀ Decreasing positive tobacco representations in media.
- ☀ Bans on tobacco advertising, promotion and sponsorship.
- ☀ Make vaping products look less like household products.
- ☀ Ban Flavorings

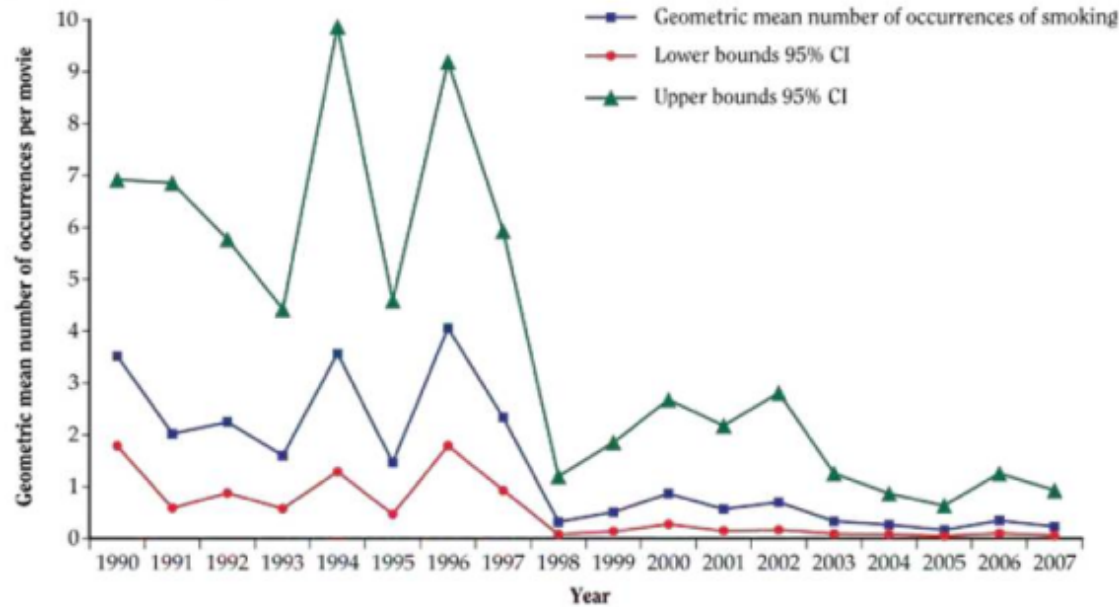
- Tobacco products represent their users as *healthy*, active and attractive.

- Public health education and warnings of health hazards counteracts these messages

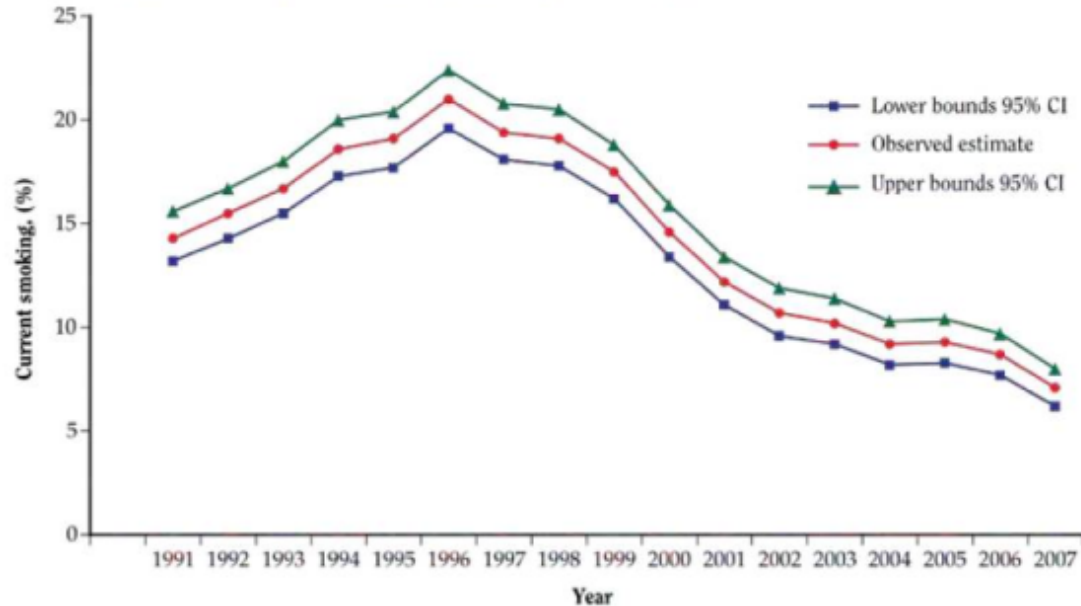


New York City Point-of-Sale Graphic Warning Signs

A. Top 25 box office hits per year



B. 99% confidence limits: 30-day prevalence of cigarette use, eighth graders, 1991–2007, MTF



Decreasing tobacco representations in movies corresponds to decreasing tobacco use in the community

National Center for Chronic Disease Prevention and Health Promotion. (2012). Smoking and Health: Preventing Tobacco Use Among Youth and Young Adults. Atlanta, GA: Surgeon General, Atlanta (GA): Centers for Disease Control and Prevention (US); 2012. 5, The Tobacco Industry's Influences on the Use of Tobacco Among Youth

Decrease Perception of Safety

- ✱ Education - health hazard campaigns
 - ✱ Public health education about the dangers of tobacco.
 - ✱ Effective package warning labels.

What motivates someone to continue tobacco (or any substance)?

- ☀ Nicotine use feels good
- ☀ Nicotine use improves a negative state/mood
- ☀ Using nicotine resolves nicotine withdrawal

Experimentation to addiction

- ☀ Tobacco is often the first drug used
- ☀ Development of tobacco addiction same neurobiology as other addictive substances
- ☀ Rapid Onset
 - ☀ 7-20 seconds to reach the brain
 - ☀ Smoking is the fastest route of administration

Experimentation to addiction

- ☀ Repeated tobacco use leads to a rapid progression:
 - ☀ Relief and reward, reinforcement of cues
 - ☀ Desensitization, dysphoria, tolerance, and loss of reward
 - ☀ Dysphoria and Withdrawal
- ☀ After 100 cigarettes, 70% of people will develop a pattern of use

E-Cigarettes

Cartridge and Tank Systems

Disposables



Common Chargers



Rechargeable Systems

Pros

- ☀ Harm reduction in adults who currently use tobacco
- ☀ FDA recommends harm reduction be nonflavored nicotine
- ☀ Evolving data in pregnancy
 - ☀ RCT showed no major risk associated with using EC and NRT during late pregnancy.

Pesola, F., Smith, K. M., Phillips-Waller, A., Przulj, D., Griffiths, C., Walton, R., ... & Hajek, P. (2024). Safety of e -cigarettes and nicotine patches as stop-smoking aids in pregnancy: Secondary analysis of the Pregnancy Trial of E-cigarettes and Patches (PREP) randomized controlled trial. *Addiction*.



Why do youth start Vaping Nicotine

- ☀ It's available
- ☀ It's acceptable
- ☀ It's perceived as safe

Image: <https://truthinitiative.org/>

Youth and Vaping

- ☀ Marketing strategy targeted at youth led to rapid rise
- ☀ 2018, U.S Surgeon General issued advisory about youth e-cigarette “epidemic”

Galderisi, A., Ferraro, V. A., Caserotti, M., Quareni, L., Perilongo, G., & Baraldi, E. (2020). Protecting youth from the vaping epidemic. *Pediatric Allergy and Immunology*, 31, 66-68.

Nicotine Effects on Young Brains

- ☀ Harmful to developing brains
- ☀ Amplify feelings of depression and anxiety
- ☀ Increase stress levels
- ☀ Associated with increased asthma symptoms
- ☀ Withdrawal-symptoms of depression, anxiety, irritability
- ☀ Vaping nicotine relief of symptoms temporarily

Lechner, W. V., Janssen, T., Kahler, C. W., Audrain-McGovern, J., & Leventhal, A. M. (2017). Bi-directional associations of electronic and combustible cigarette use onset patterns with depressive symptoms in adolescents. *Preventive medicine*, 96, 73–78. <https://doi.org/10.1016/j.ypmed.2016.12.034>

Taylor, G., McNeill, A., Girling, A., Farley, A., Lindson-Hawley, N., & Aveyard, P. (2014). Change in mental health after smoking cessation: systematic review and meta-analysis. *BMJ (Clinical research ed.)*, 348, g1151. <https://doi.org/10.1136/bmj.g1151>

Risks of E-cigarettes

- ☀ Long-term data is lacking
- ☀ E-cig use in young smokers increases frequency and intensity of subsequent smoking
- ☀ E-cigarette use associated with increased combustible cigarettes use and dual use
- ☀ Increased future combustible cigarette smoking in non-smokers

Butler, A. R., Lindson, N., Fanshawe, T. R., Theodoulou, A., Begh, R., Hajek, P., ... & Hartmann-Boyce, J. (2022). Longer-term use of electronic cigarettes when provided as a stop smoking aid: Systematic review with meta-analyses. *Preventive medicine*, 165, 107182.

McMillen, R., Klein, J. D., Wilson, K., Winickoff, J. P., & Tanski, S. (2019). E-cigarette use and future cigarette initiation among never smokers and relapse among former smokers in the PATH study. *Public Health Reports*, 134(5), 528-536.

Helping patients quit tobacco

Charles Reznikoff, MD, FASAM, FACP



**Do people who use tobacco
want to quit?**

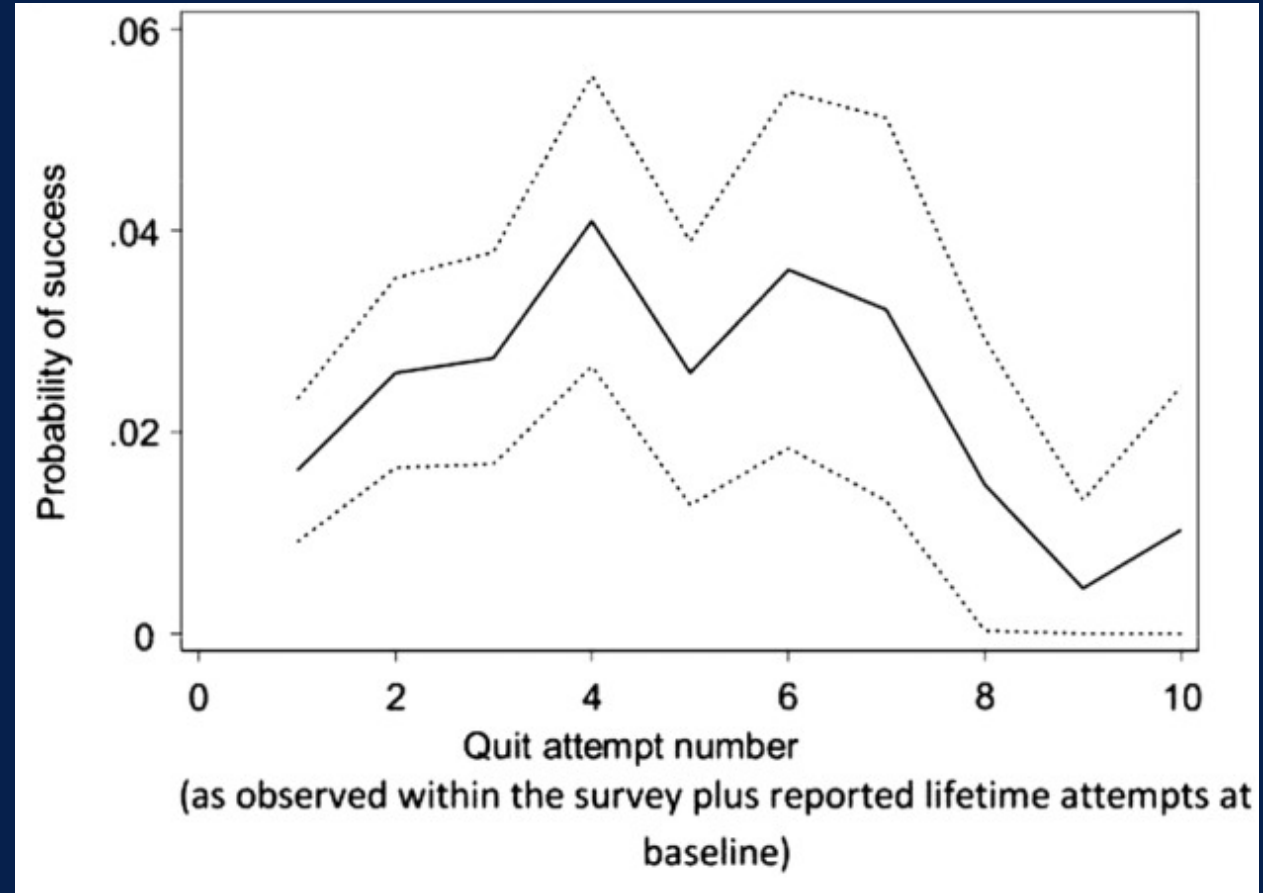
Yes! Tobacco users want to quit

- ☀ 69% want to stop smoking
- ☀ 52% attempt to quit each year
 - ☀ <5% of attempts are successful
 - ☀ 68% attempted w/o any medication or counseling
 - ☀ **Medications+counseling improve quit rate 3-5X**

It takes multiple quit attempts before success

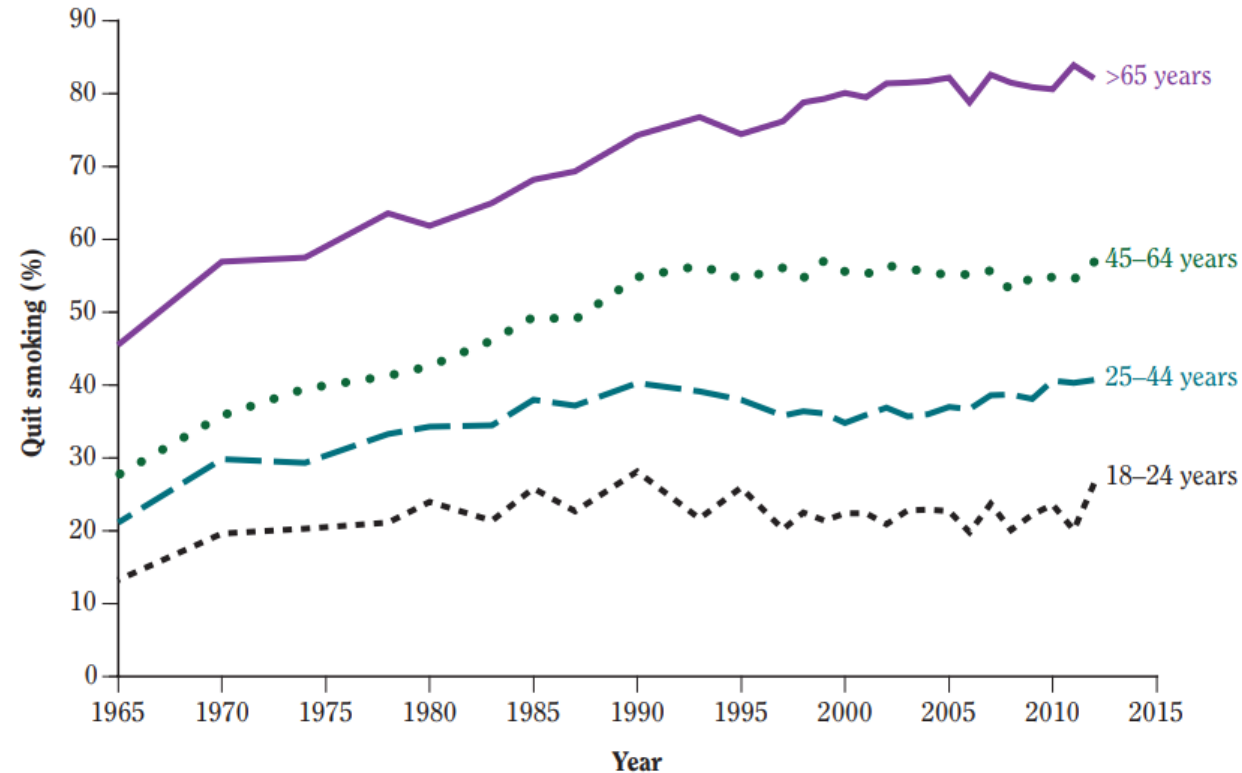
Prior “failed” quit attempts should not deter a current quit attempt

Prior quit attempts are opportunities to learn and improve at quitting



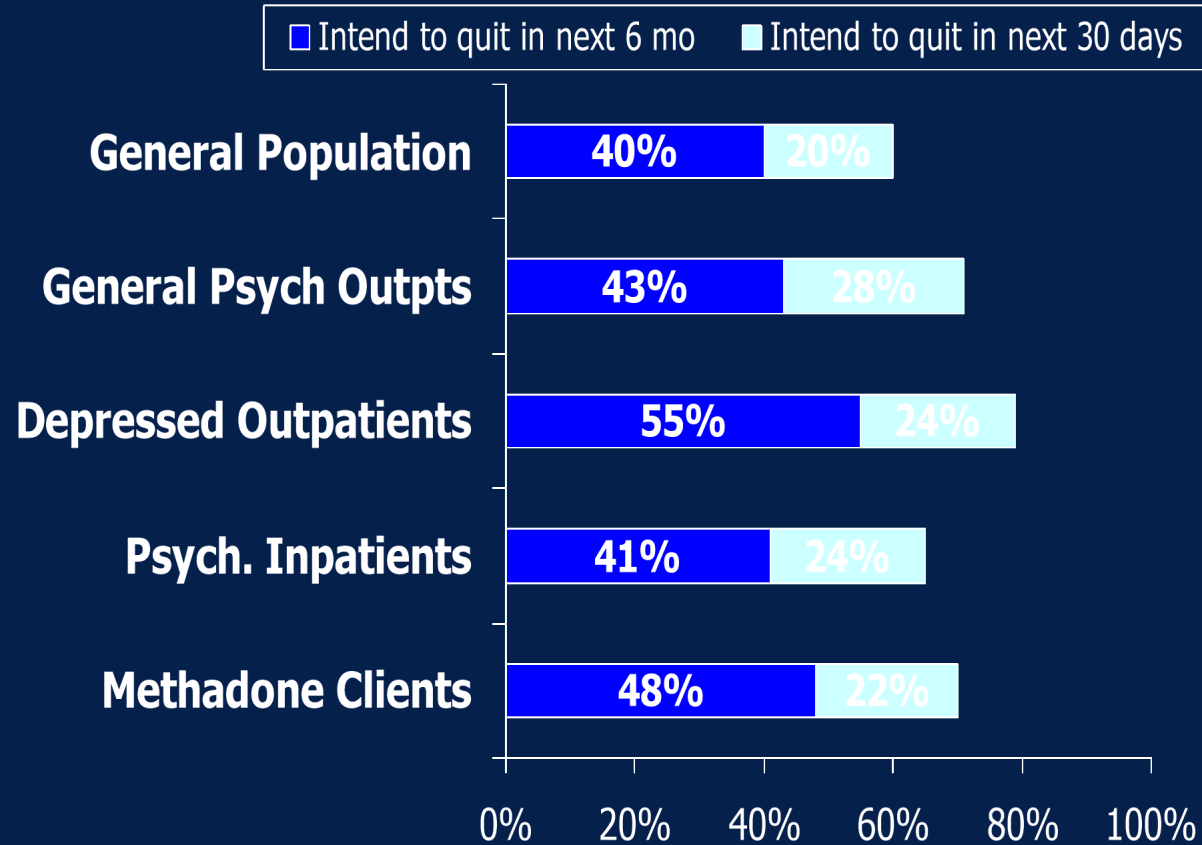
Most tobacco users eventually quit

Figure 13.6 Percentage of ever cigarette smokers 18 years of age and older who had quit smoking (i.e., the quit ratio), by age group; National Health Interview Survey (NHIS) 1965–2012; United States



Source: 1965–2012 NHIS, National Center for Health Statistics, public use data tapes.

Interest in quitting tobacco in patients with psychiatric and addictive disorders



Quitting tobacco does not cause relapses to other drugs

- ☀ 80% of tobacco users entering addiction treatment want to also quit tobacco
- ☀ Tobacco = leading cause of death for patients with SUDs
- ☀ Tobacco reduction and cessation is associated with reduced alcohol intake, longer abstinence, reduced relapse rates
- ☀ Tobacco cessation slows progression of alcohol related liver disease
- ☀ Standard tobacco cessation approaches work for people with other SUD, should be offered in every treatment facility

van Amsterdam J, van den Brink W. Smoking As an Outcome Moderator In the Treatment of Alcohol Use Disorders. Alcohol Alcohol. 2022 Nov 11;57(6):664-673
drugabuse.com/drugs/nicotine/

Tobacco cessation improves mood and psychiatric symptoms (over time)

BMJ 2014;348:g1151 doi: 10.1136/bmj.g1151 (Published 13 February 2014)

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RESEARCH

Tables

Table 1 | Effect of smoking cessation on mental health. Sensitivity analysis after removal of studies of low quality (medium-low scores on Newcastle-Ottawa scale)

Outcome	No of studies included	No of studies excluded	Standardised mean difference (95% CI)	
			Effect estimate	Original effect estimate
Anxiety	4	0	−0.37 (−0.70 to −0.03)	−0.37 (−0.70 to −0.03)
Depression	9	1	−0.29 (−0.42 to −0.15)	−0.25 (−0.37 to −0.12)
Mixed anxiety and depression	4	1	−0.36 (−0.58 to −0.14)	−0.31 (−0.47 to −0.14)
Psychological quality of life	4	4	0.17 (−0.02 to 0.35)	0.22 (0.09 to 0.36)
Positive affect	1	2	0.68 (0.24 to 1.12)	0.40 (0.09 to 0.71)
Stress	2	1	−0.23 (−0.39 to −0.07)	−0.27 (−0.40 to −0.13)

Tobacco cessation

- ☀ Most people want to and do quit tobacco
- ☀ It takes multiple quit attempts to succeed
- ☀ Psych and SUD – they can and should quit too
- ☀ Most smokers don't get help quitting
- ☀ Helping people quit increases success 3-5X

Counselling patients on tobacco

- ☀ Behavioral counseling is 75% of the benefit of quit assistance
- ☀ Time-based dose response to counseling
- ☀ Individual, group, quit-lines

Table 6.1 The 5 A's model for treating tobacco use and dependence

Ask about tobacco use	<ul style="list-style-type: none">• Identify and document tobacco use status for every patient at every visit.
Advise to quit	<ul style="list-style-type: none">• In a clear, strong, and personalized manner, urge every tobacco user to quit.
Assess readiness to make a quit attempt	<ul style="list-style-type: none">• Is the tobacco user willing to make a quit attempt at this time?
Assist in quit attempts	<ul style="list-style-type: none">• For the patient willing to make a quit attempt, offer medication and provide or refer for counseling or additional treatment to help the patient quit.• For patients unwilling to quit at the time, provide interventions designed to increase future quit attempts.
Arrange follow-up	<ul style="list-style-type: none">• For the patient willing to make a quit attempt, arrange for follow-up contacts, beginning within the first week after the quit date.• For patients unwilling to make a quit attempt at the time, address tobacco dependence and willingness to quit at next clinic visit.

Source: Fiore and colleagues (2008, p. 39).

1. Establish Intensity of cigarette use

- ☀ Cigarettes per day (CPD) and packs per day (PPD) is a rough estimate of tobacco exposure
- ☀ BUT patients can double exposure w/same CPD
 - ☀ Continuous smoking, deep inhales, holding their breath
- ☀ When reducing CPD, ask about smoking intensity
- ☀ *Reductions >50% CPD usually equates tobacco reduction*

Fagerstrom Test for Nicotine Dependence

PLEASE TICK (✓) ONE BOX FOR EACH QUESTION			
How soon after waking do you smoke your first cigarette?	Within 5 minutes	<input type="checkbox"/>	3
	5-30 minutes	<input type="checkbox"/>	2
	31-60 minutes	<input type="checkbox"/>	1
Do you find it difficult to refrain from smoking in places where it is forbidden? e.g. Church, Library, etc.	Yes	<input type="checkbox"/>	1
	No	<input type="checkbox"/>	0
Which cigarette would you hate to give up?	The first in the morning	<input type="checkbox"/>	1
	Any other	<input type="checkbox"/>	0
How many cigarettes a day do you smoke?	10 or less	<input type="checkbox"/>	0
	11 – 20	<input type="checkbox"/>	1
	21 – 30	<input type="checkbox"/>	2
	31 or more	<input type="checkbox"/>	3
Do you smoke more frequently in the morning?	Yes	<input type="checkbox"/>	1
	No	<input type="checkbox"/>	0
Do you smoke even if you are sick in bed most of the day?	Yes	<input type="checkbox"/>	1
	No	<input type="checkbox"/>	0
Total Score			
SCORE	1- 2 = low dependence 5 - 7= moderate dependence 3-4 = low to mod dependence 8 + = high dependence		

Add up the scores from the questionnaire.

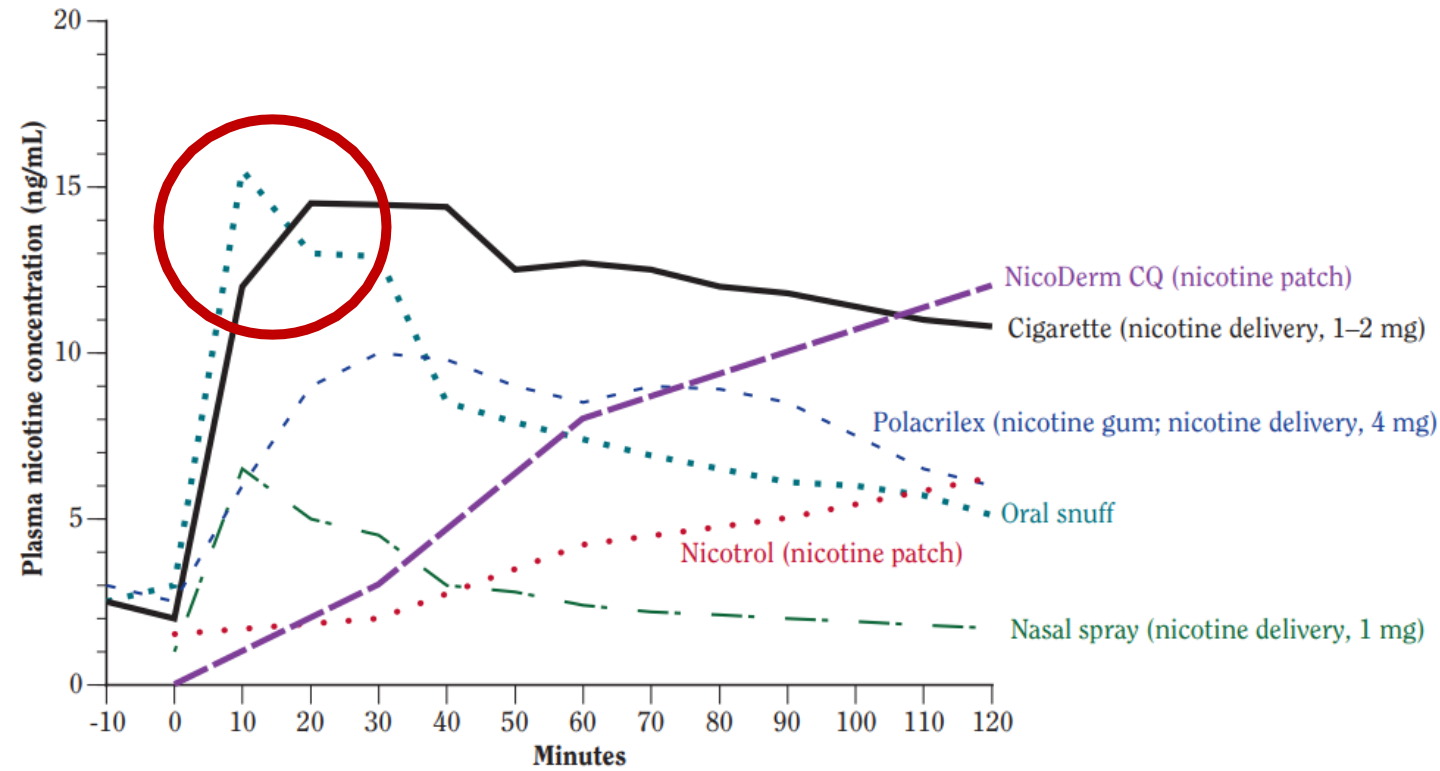
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	No	<input type="checkbox"/>	0
Total Score			
SCORE	1- 2 = low dependence		5 - 7= moderate dependence
	3-4 = low to mod dependence		8 + = high dependence

Add up the scores from the questionnaire.

Abrupt peak in CNS nicotine levels contributes to nicotine addiction

Figure 5.1 Venous blood concentrations of nicotine over time for various nicotine delivery systems

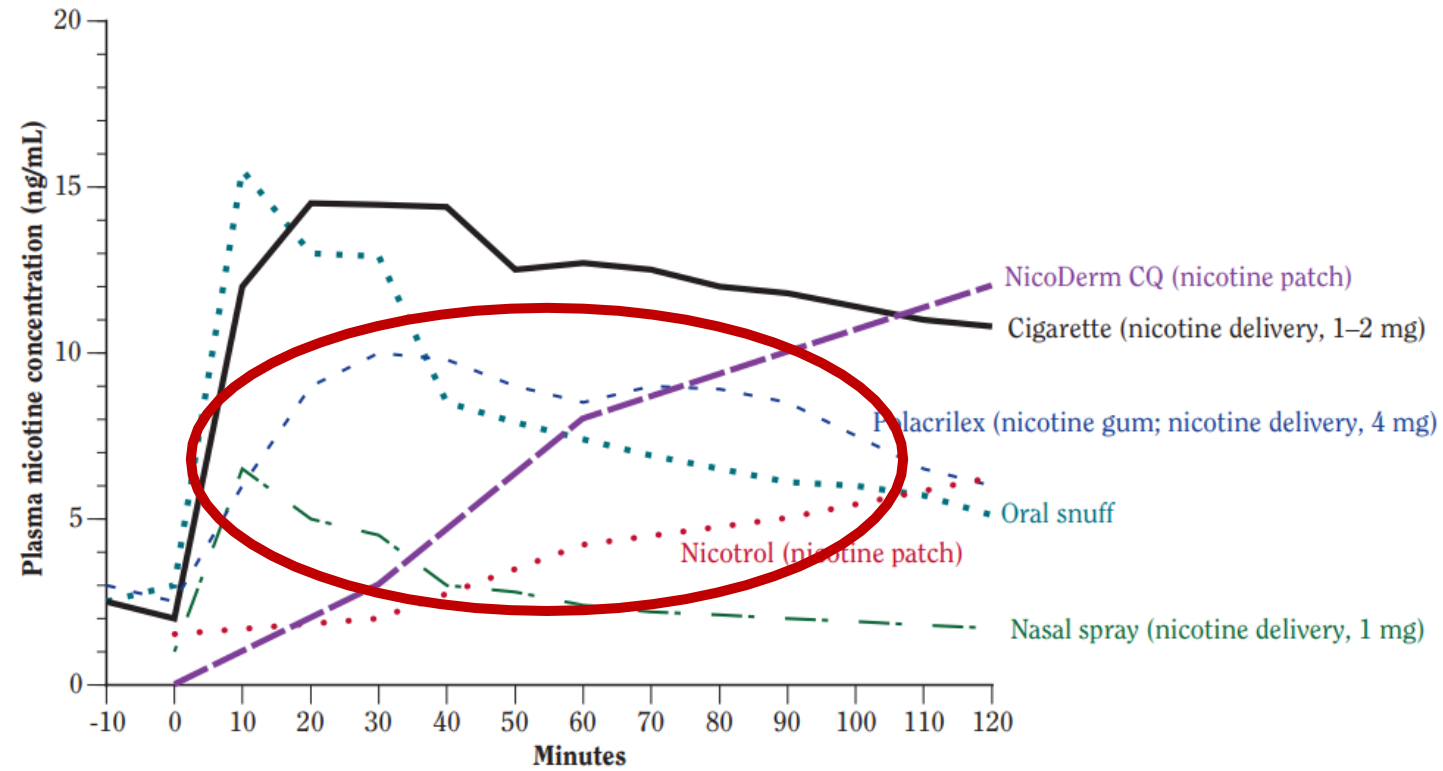


Source: Adapted from Fant et al. 1999 with permission from Elsevier, ©1999.

Note: **mg** = milligrams; **ng/mL** = nanograms per milliliter.

Low and slow nicotine levels helps extinguish addiction

Figure 5.1 Venous blood concentrations of nicotine over time for various nicotine delivery systems



Source: Adapted from Fant et al. 1999 with permission from Elsevier, ©1999.

Note: **mg** = milligrams; **ng/mL** = nanograms per milliliter.

2. Ask about these triggers

- ☀ Objects: cigarettes, lighters, ashtrays
- ☀ Locations: home, work, car
- ☀ People: family, friends and coworkers– anyone who smokes with the individual
- ☀ Drugs: caffeine (coffee), alcohol, cannabis, other drugs
- ☀ Activities: computer, TV, postprandial – anything they do when they smoke cigarettes

What to do about triggers?

- ☀ All people who use tobacco have triggers
- ☀ Patients should identify their triggers
- ☀ Remove/avoid triggers completely if possible
- ☀ Plan for cravings if trigger cannot be avoided
 - ☀ Delay tobacco use by ten minutes!
- ☀ Overtime the trigger will extinguish, and the cue can be reintroduced into the person's life
 - ☀ Timing is variable – at minimum, months
 - ☀ Trial and error, part of follow up counseling

What is the most powerful trigger?

What is the most powerful trigger?

- ☀️ **The home environment.**
- ☀️ If tobacco is used where the patient lives, sleeps, eats, and uses computer/TV, their success quitting is much less
- ☀️ Making the home nonsmoking is the top priority

3. Set a quit date (soon!)

☀️ Set quit date within one week

- ☀️ Quitting without a taper is simplest
- ☀️ Taper over 3 weeks is an alternative
- ☀️ Start pharmacotherapy *before* quit date
- ☀️ Ongoing reduced tobacco use may be harm reduction for some

4. Tobacco pharmacotherapy

☀ Nicotine Replacement Therapy (NRT)

- ☀ Nicotine Patch (Rx, OTC)
- ☀ Nicotine Lozenge (Rx, OTC)
- ☀ Nicotine Gum (Rx, OTC)
- ☀ Nicotine Nasal Spray (Rx)
- ☀ Nicotine Inhaler (Rx) – *discontinued*

☀ Pill Medication (start 1-2 weeks before cessation)

- ☀ Bupropion SR (Wellbutrin, Zyban)
- ☀ Varenicline (Chantix)

Optimizing NRT - tips

For best results:

- ☀ Start NRT 24 hours before quitting tobacco
- ☀ Combine patch plus PRN lozenges
- ☀ Use NRT first thing in the morning, after meals, or *in anticipation* of a trigger
- ☀ Adequate dosing is critical
- ☀ 1 cigarette = 1-2 mg nicotine
 - ☀ ½ PPD = one 21 mg patch or 10X2mg lozenges
 - ☀ 1 PPD = one 21 mg patch and 10X2mg lozenges

Optimizing NRT - tips

- ☀️ Lozenge is most easy & consistent PRN NRT
 - ☀️ Do not chew or swallow lozenge
- ☀️ Nasal spray is effective but aversive at first
- ☀️ Chew gum until soft, then tuck in cheek
 - ☀️ Many use it wrong, dentition is an issue
- ☀️ Option to leave patches on over night
 - ☀️ Better for nocturnal smokers, but may affect dreams
- ☀️ Do not remove the patch when the patient smokes

Optimizing NRT - tips

- ☀ NRT can be 3-6 months duration, or indefinite
 - ☀ Most patients should ignore the “steps”
 - ☀ No forced NRT taper!
- ☀ Insurance coverage for NRT can be problematic
- ☀ OTC NRT widely available but \$\$\$\$\$\$
- ☀ Free NRT from smokefree.gov

Varenicline

- ✱ Partial agonist at the NACH receptor
- ✱ Diminishes appeal of nicotine while treating withdrawal
- ✱ Initiate for 7 days before tobacco cessation
 - ✱ “Starter pack” with instructions
 - ✱ This is not set in stone! Ok to be patient-centered
- ✱ Continue for 3-6 months
- ✱ Repeated treatments episodes over time are ok
- ✱ Some individuals transition to NRT

Varenicline

☀ Side effects

- ☀ Nausea - Take with food!

- ☀ Vivid dreams

 - ☀ Dreams stop when medications stop

 - ☀ If unstable psychiatric illness, first discuss with psychiatrist

- ☀ Kidney disease, reduce the dose by half

- ☀ Pregnant/breast feeding, contraindicated?

- ☀ Risk of suicide and CV events = disproven

Bupropion

- ✦ Boosts dopamine
- ✦ Best used as adjunct to NRT or varenicline
 - ✦ Bupropion can be monotherapy
- ✦ Counteracts weight gain after tobacco cessation
- ✦ Treats depression without sexual side effects
- ✦ Treats ADHD
- ✦ May reduce methamphetamine craving & use

Bupropion

☀ Cautions

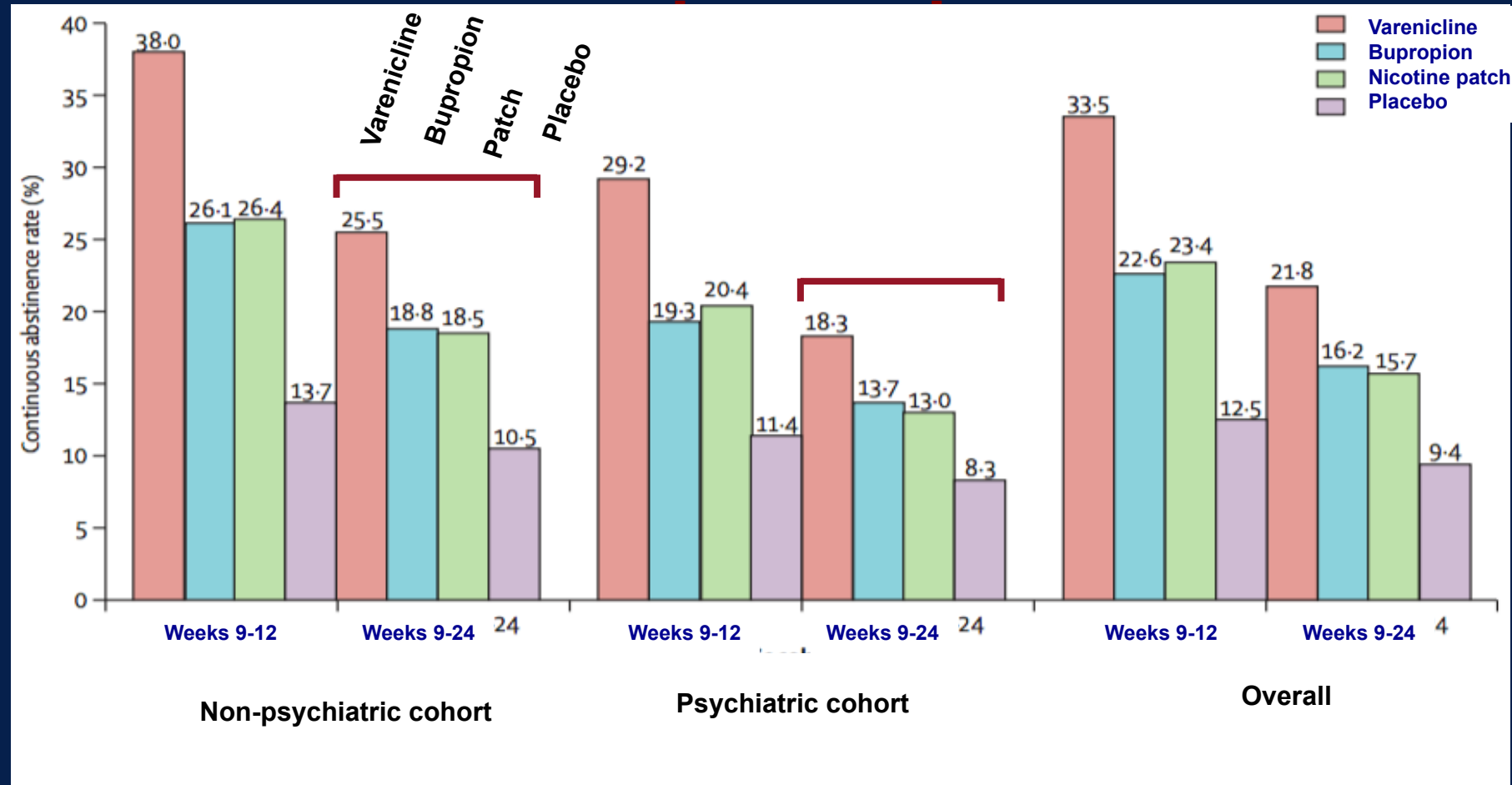
- ☀ Anxiety, dry mouth, weight loss
- ☀ Liver/Kidney disease

☀ Contraindication

- ☀ Seizure history or risk
- ☀ Eating disorder
- ☀ Bipolar disorder
- ☀ Pregnant/breast feeding - uncertain but often used

Smoking cessation medication efficacy

Influence of psychiatric disorders, primarily



This study DID NOT optimize NRT.
Optimized NRT is equivalent to varenicline

Lancet 2016; 387: 2507-20

5. Follow up

- ✱ Plan follow up within a week of the quit date
- ✱ Thereafter decide frequency of visits with patient
- ✱ Many patients will wish to have frequent check-ins
- ✱ Telemed or nurse check ins are ok
- ✱ Give ample refills

Tobacco cessation, bottom line

- ✱ Those with psychiatric and addictive disorder can and should quit tobacco!
- ✱ Counsel patients on triggers, home environment
- ✱ Always offer pharmacotherapy
 - ✱ Varenicline or optimized NRT first line
 - ✱ Bupropion adjunct or monotherapy
 - ✱ Greater than 3 months of pharmacotherapy
- ✱ Consider individual preferences and contraindications
- ✱ Follow up often

Break for small groups

Menthol and the Black Community

☀ Tobacco related disease is the leading cause of death for Black Americans

Special Populations-Black Community

- ✴ In 1964, federal regulators barred tobacco companies from advertising to their key youth demographic.
- ✴ No advertising on college campuses.
- ✴ No handing out free loose cigarettes to people under 21.
- ✴ Pivoted advertising to the Black community

Wailoo, K. (2021). *Pushing cool: big tobacco, racial marketing, and the untold story of the menthol cigarette*. University of Chicago Press.

Tobacco industry targeted Black Communities

- ☀ Advertisements in magazines: Ebony, Jet
- ☀ Billboards
- ☀ Offering discounts and multi-pack coupons
- ☀ Advertisements in predominantly black neighborhoods
- ☀ Donating to historically black colleges, scholarships
- ☀ Supporting cultural events such as Jazz Festivals
- ☀ Financial contributions Black Leaders and Politicians

https://truthinitiative.org/sites/default/files/media/files/2022/05/Truth_Race-ethnicity%20Series%20Factsheets-Af%20Am_051722.pdf

"Nobody makes cool like KOOL."

Come up to KOOL
America's #1 Selling Menthol

13 mg. "tar",
0.9 mg. nicotine
av. per cigarette by FTC method.

© 2000 Lorillard Inc. KOOL is a registered trademark of Lorillard Inc.

© Lorillard 2010

Newport pleasure!

CIGARETTES

These cigarettes do not present a reduced risk of harm compared to other cigarettes.

Visit us at Newport-pleasure.com
Restricted to Adult Smokers 21 or Older.

Newport, Pleasure, Newport Pleasure, Menthol Gold, Menthol Blue, spinner design, package design and other trade dress elements TM Lorillard Licensing Company LLC Reg. U.S. Pat. & Tm. Off.

SURGEON GENERAL'S WARNING: Smoking Causes Lung Cancer, Heart Disease, Emphysema, And May Complicate Pregnancy.

Menthol in Tobacco

- ☀️ Menthol is a mint flavoring, anesthetic cooling effect
- ☀️ Menthol makes tobacco easier to start, easier to smoke intensely and harder to quit
- ☀️ All other tobacco flavorings have been banned, but not menthol ...

Why?

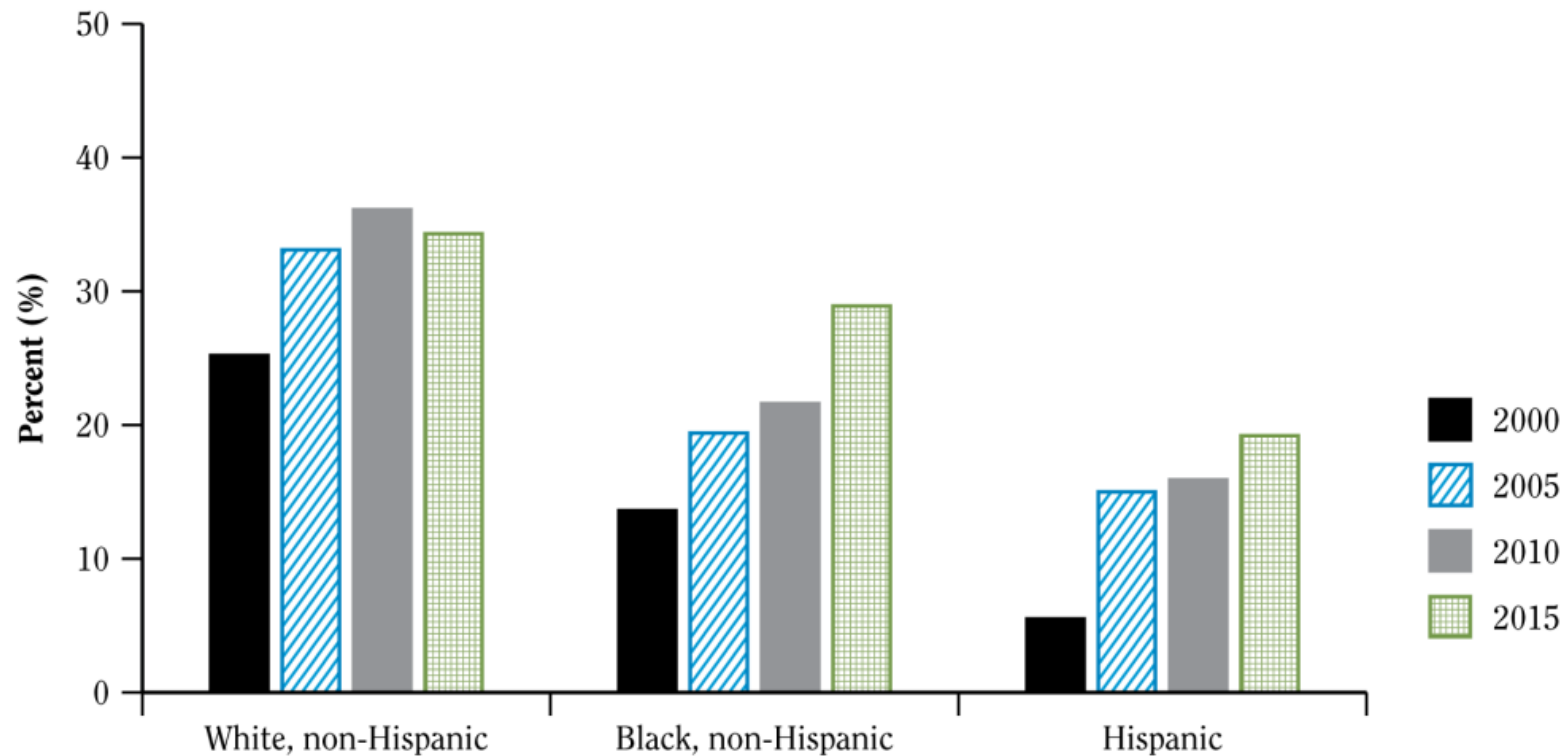
Progress

- ✴ April 2021: FDA proposed a rule prohibiting menthol cigarettes and flavored cigars to prevent youth initiation
 - ✴ NAACP support
 - ✴ 2023-Congressional Black Caucus (CBC) support
- ✴ Could save estimated 650,000 lives in the next 40 years
- ✴ Fear of criminalization-Tobacco campaign?

Levy, D. T., Meza, R., Yuan, Z., Li, Y., Cadham, C., Sanchez-Romero, L. M., ... & Warner, K. E. (2021). Public health impact of a US ban on menthol in cigarettes and cigars: a simulation study. *Tobacco control*.

Black patients are offered and received less help quitting tobacco

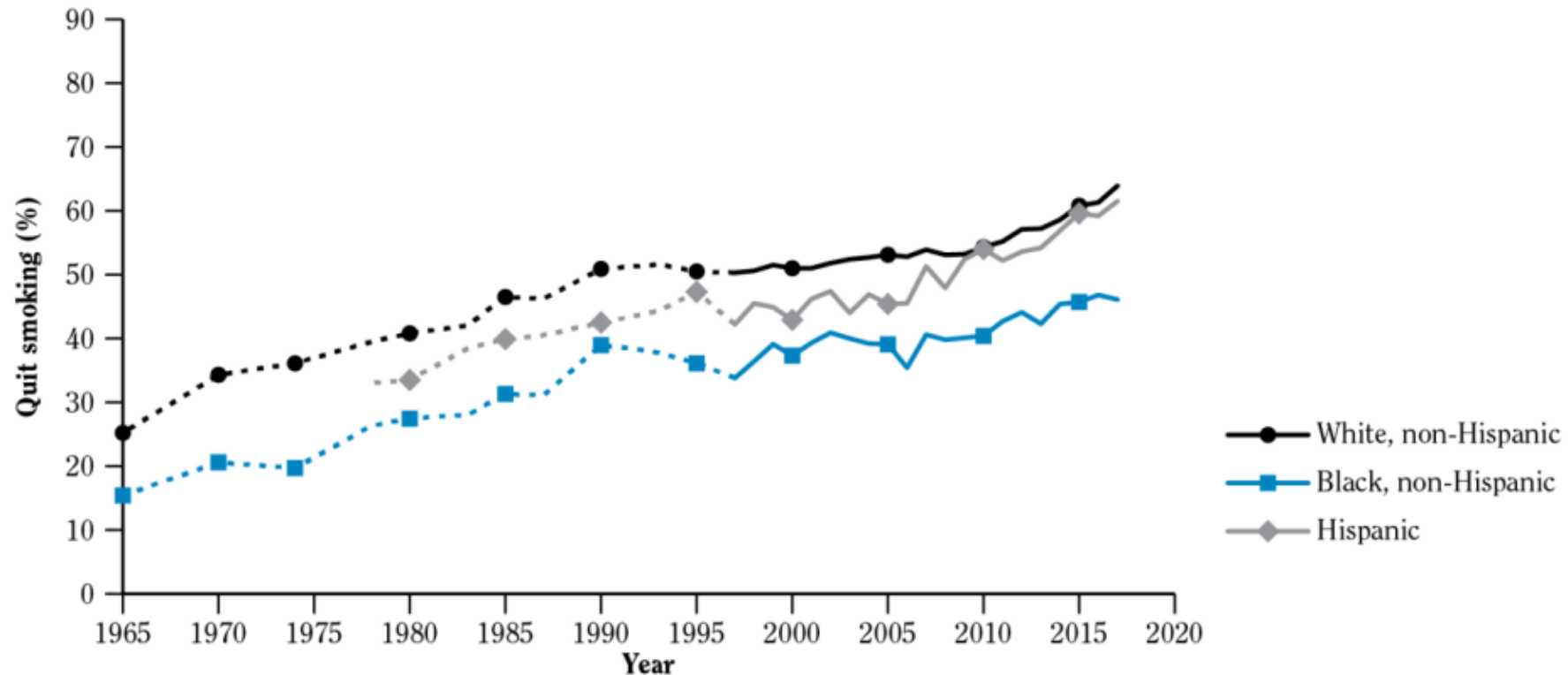
Figure 2.13 Prevalence of use of counseling or medications for cessation^a among adult smokers 18 years of age and older, by race/ethnicity; National Health Interview Survey (NHIS) 2000–2015; United States



Source: NHIS, National Center for Health Statistics, public use data, 2000, 2005, 2010, and 2015.

Black patients offered and received less help quitting tobacco

Figure 2.8b Percentage of ever smokers 18 years of age and older who quit smoking (quit ratio), by race/ethnicity; National Health Interview Survey (NHIS), 1965–2017; United States



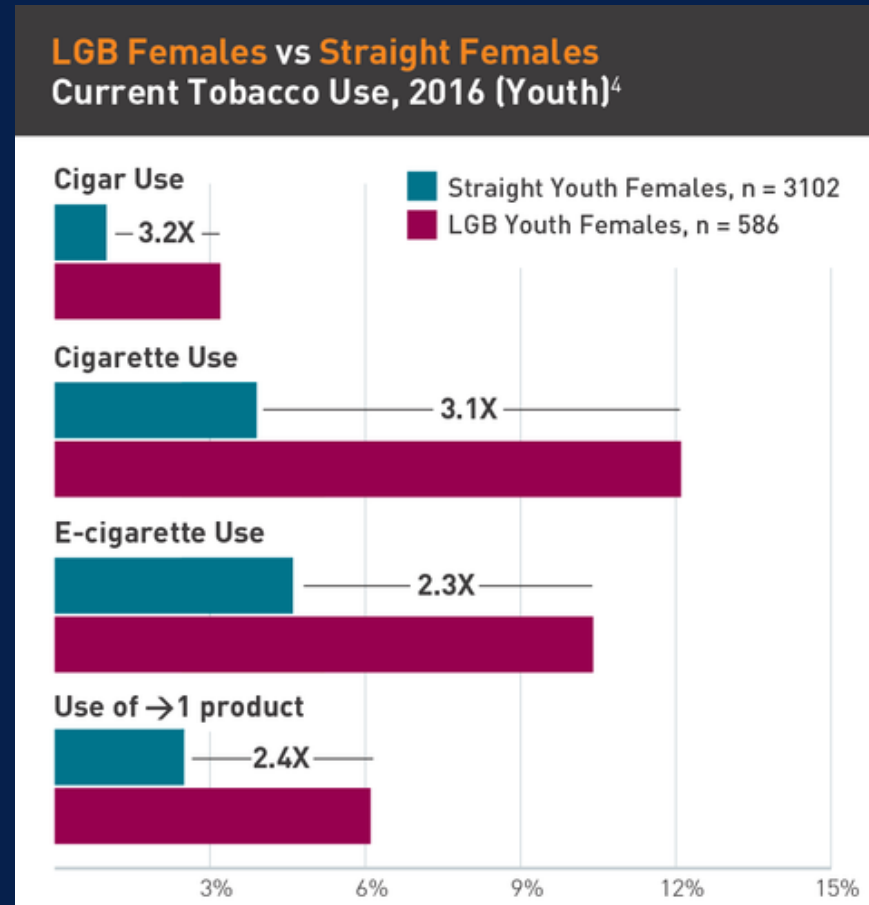
LGBTQ+ and tobacco use

- ☀ Cisgender queer individuals are 33% more likely to use tobacco
- ☀ Transgender individuals 80% more likely to use tobacco
- ☀ This starts in middle school
- ☀ Marketing and price discounts are targeted to this community
- ☀ Black LGBTQ individuals are the most affected of all

Acosta-Deprez V, Int J Environ Res Public Health. 2021 May 22;18(11):5546.

www.cdc.gov/tobacco/health-equity/lgbtq/health-burden.html

truthinitiative.org/research-resources/targeted-communities/tobacco-use-lgbt-communities



Traditional Tobacco



cistemaw

Cailean Dakota MacColl, BA, BS (she/they)



Tobacco “use” can encompass so many things to someone who is Indigenous.

Tobacco was the first medicine given to us by Creator in order to communicate with the spirit world and pay respect to Mother Earth and each other.

Tobacco is central to our identity, our prayers, and our wellness

Context

“Code of Indian Offenses” was created in 1881

Traditional ceremonies, dances, gatherings, rituals, and gift giving were prohibited under federal law

Indigenous children were forced to attend residential schools

“Kill the Indian, save the man”

Code lasted until 1934 but was not legally/officially resolved until 1978 with the American Indian Religious Freedom Act

From the late 19th century to 1978, Indigenous people *only* had access to commercial tobacco products *under federal law*
→ context of “choice”

What is traditional tobacco?

Tribes all over Turtle Island (North America) have different relationships with traditional tobacco, there is no one “right” understanding of it

Not a monolith, there are some tribes that do not have a relationship with tobacco at all

Traditional tobacco use is often held in high regard culturally and spiritually, and it is a great honor and responsibility to be a pipe carrier



What is traditional tobacco?

For many tribes, tobacco is the first of the four sacred medicines

“Everything through tobacco”

When tobacco is smoked in a sacred pipe, the prayers are carried up to Creator in that smoke

Many families and communities have their own unique herbal blends that combine traditionally harvested tobacco plant leaves with other plant medicines



What can tobacco “use” mean?

Tobacco offerings

To Mother Earth

To each other and elders for exchange of knowledge or sign of respect

In ceremony, for smudging

When collecting plant medicine

Prayers for the people

Smoking traditional tobacco

Traditional tobacco *is not inhaled into the lungs*

It is a ceremony to send prayers to Creator



What can tobacco “use” mean?

Because of limited access to traditional tobacco, some people use commercially sold loose leaf tobacco or cigarettes for traditional purposes

Repercussions of Code of Indian Offenses

This may be especially present in urban Indigenous populations

Tobacco industry successfully targeted everyone, *including Indigenous populations*, with their products such as American Spirit Cigarettes



How do clinicians talk to Indigenous patients about tobacco use?

Typically, asking about tobacco use is a checkbox on an intake form or MyChart

Anytime that box is checked, providers move right into a conversation about cessation, even though if some patients have a culturally specific and important relationship with tobacco

Cessation tools that are typically offered include things like Nicotine gum, patches, recommendations for CBT, etc., even though they may not be accessible or culturally appropriate

A lack of curiosity and intention when speaking about tobacco can further the gap between these two communities

Approaching Conversations with Cultural Humility

Having the ability to admit what you don't know and being open to learning

Recognizing power imbalances

Coming together through a set of guiding principles for both Indigenous and non-Indigenous people to co-create ethical space in research and decision making

When your shared healthcare goals include upholding spiritual wellness and ceremonial rights, a relationship is grown on trust and understanding

Yes, *and...* these questions can revolutionize your relationship with Indigenous patients and open the door for further discussions

How should clinicians talk to Indigenous patients about traditional tobacco?

The basis of connection to traditional tobacco is relationship, not use

“What is your relationship with traditional tobacco?”

“If you’re comfortable sharing with me, how do you use traditional tobacco?*”

“How much or how often do you use tobacco?”

Time with traditional tobacco varies depending on the ceremony, purpose, and offering

Time is generally irrelevant during ceremony, so how this is talked about may also be variable, much like the word “use”

Saying only the word “tobacco” does not clarify between traditional ceremonial tobacco and commercial tobacco, *make sure to clarify*

How should clinicians talk to Indigenous patients about traditional tobacco?

“Do you have access to traditionally grown tobacco?*”

Consider why this may or may not be the case

“Do you ever use commercial tobacco in traditional ways? How so?*”

*Respect that Indigenous communities have a level of privacy about this information *in order to protect it*, ideally you want to send your patient signals that you understand and respect traditions without prying or exoticising

How should clinicians talk to Indigenous patients about commercial tobacco?

“Do you smoke cigarettes? *In what context?*”

Could only be for funerals, could be as a replacement for sending prayers occasionally, could be every day

Do you want to quit smoking commercial tobacco?

What support would be most helpful for you?

Offer culturally specific resources in addition to the mainstays

Lean on nearby and national Indigenous resources

Have you considered replacing commercial tobacco with traditional tobacco?

This is a big question and you won't have all the tools and answers, but you can help to amplify existing campaigns to keep tobacco sacred

American Indian communities in Minnesota will continue to determine the focus of their commercial tobacco control efforts.

The American Indian Quitline: Free help to quit commercial tobacco

Developed with guidance from the community, the [American Indian Quitline](#) from Quit Partner™ offers completely free and specially designed support to help American Indians quit commercial tobacco. If you live in Minnesota, you can get the following free help to quit commercial tobacco:



- A dedicated team of American Indian coaches who understand your culture and respect your traditions
- One-on-one coaching calls with the coaches
- Free lozenges, gum, or patches to help you quit the addiction
- Other free, helpful tools like text messages and emails to encourage you along the way

Call 1-833-9AI-QUIT (1-833-924-7848) or visit [aiquit.com](#) to sign up or learn more.

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KEEP TOBACCO SACRED

TRADITIONAL TOBACCO IS A SACRED PLANT
AND A GIFT GIVEN BY THE CREATOR TO INDIGENOUS PEOPLE.

IT'S IMPORTANT TO HONOUR THE ROLE TOBACCO PLAYS IN
MANY INDIGENOUS CULTURES.

SACRED TRADITIONAL TOBACCO FOR HEALTHY NATIVE COMMUNITIES

A BALANCED COMMUNITY FOR HEALTH

- ▶ Tribal leadership support & engagement
- ▶ Cultural connectedness & healing
- ▶ Community engagement
- ▶ Youth leadership & youth-led advocacy



Moving Forward in a Good Way

What unlearning and relearning can you do, in a good way, to center traditional tobacco as a form of mental, emotional, physical, and spiritual health for the Indigenous community?

Expand your scope of practice to include a wider definition of health which includes tobacco use as an integral part of health and wellness in Indigenous patients

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